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Practitioner'S Role In The Emergency Services Department

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PHYSICIANS' ACCEPTANCE OF THE NURSE PRACTITIONER'S ROLE IN THE EMERGENCY SERVICES DEPARTMENT

by

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Physicians' Acceptance of the Nurse Practitioner's Role in the Emergency Services Department

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Abstract

Emergency services departments have taken on an expanded role in recent years. These departments serve as trauma centers as well as providing primary care for nonurgent medical problems. There is also a shortage of emergency physicians which has caused a staffing problem for rural area hospitals. The nurse practitioner could help to alleviate staffing problems. The nurse practitioner is a registered nurse with advanced preparation who can provide primary care and practice independently or collaboratively in primary care settings. However, little is known about whether physicians will accept the nurse practitioner in the emergency services department. Therefore, the purpose of this study was to determine whether physicians will accept the nurse practitioner as a health care provider in the emergency services department. Benner's interpretive descriptive account of clinical practice served as the framework for this study. The research questions posed for this study were will physicians accept the nurse practitioner as a health care provider in the emergency services department? Also, will there be any relationship between selected demographic variables and the physicians' acceptance or nonacceptance of the nurse practitioner in the

emergency services department? Variables of interest were physicians' age, sex, years of experience, practice area, number of hours worked in the emergency room each week, familiarity with the nurse practitioner role, prior experience working with nurse practitioners, and favorable or unfavorable experience with the nurse practitioner. A descriptive study was conducted utilizing a revised version of the Davis Acceptance Survey to determine physicians' demographic data and physicians' attitudes toward the nurse practitioner. The setting was hospital emergency services departments located in a southern rural state. Ten hospitals were randomly selected, and subjects were those physicians willing to participate who were affiliated with the hospitals included in the study. Statistical analysis was done utilizing percentiles. Additionally, t tests were used with a significant level of .05. Sixty-nine percent of physicians were found to be accepting of nurse practitioners. Therefore, it was concluded that physicians were accepting of the nurse practitioner role in the emergency services department.

Dedication

I dedicate this study to my wife Lynn, my daughter Christina, and my son Tanner, who have had to sacrifice our time. I could never have finished without your love and support.

I also dedicate this study to the grandparents I lost over the last year, E. W. South (Paw Paw) and Willie May Price (Grandmother). They always believed in me and encouraged me.

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Chapter I

The Research Problem

Emergency services departments have had to assume many different roles in recent years. They serve as trauma centers and as primary care providers for the indigent and for those whose private practitioners are unavailable. Increase in the use of emergency services departments has helped to create a medical care crisis, especially in rural areas. Those hospitals that have fewer than 100 beds have reported a 30% increase in emergency room use (United States General Accounting Office, 1993).

The Mississippi Board of Medical Licensure reported that fewer general practice and family medicine physicians are applying for licenses in Mississippi. It also was reported that rural area hospitals have much difficulty recruiting and keeping emergency room physicians (Mississippi Board of Medical Licensure, personal communication, November 2, 1992). The low pay generally offered by small hospitals does not attract physicians who can make more money and work fewer hours in other areas. It has been proposed that the nurse practitioner in the emergency services area could be an answer to the emergency care crisis in rural hospitals (Geolot, Alongi, & Edlich,

1977). The purpose of this study was to determine acceptance by physicians of nurse practitioners as primary care providers in the emergency services department. Additionally, this study sought to determine the relationship of selected demographic variables and physicians' acceptance of nurse practitioners.

Establishment of the Problem

There has been a dramatic increase nationwide in the use of hospital emergency departments by people seeking medical care (Habenstreit, 1986). In 1993, the United States General Accounting Office (GAO) conducted a survey of 1,025 nonfederal general medical adult and children's hospitals that provide emergency services in the District of Columbia and all 50 states. They reported that almost 85% of the hospitals studied had sharp increases in the number of patients utilizing the emergency departments. From 1985 to 1990 emergency department visits increased from 84 million to more than 99 million. Eighty-five percent of the surveyed hospitals reported their emergency department saw more patients with nonurgent conditions in 1990 than they did in 1985. The greatest increase in usage (27%) was reported in rural areas. Smaller rural hospitals with fewer than 100 beds experienced a 30% increase in usage.

Many of the patients seen in emergency departments do not present with medical problems that are classified as either urgent or an emergency. These patients are in need

of primary care. The GAO (1993) reported that only 57% of patients seen in emergency departments had illnesses or injuries which were either emergencies or urgent, while 43% had illnesses or injuries which were nonurgent. Small rural hospitals had higher percentages of nonurgent visits than did the larger hospitals. Some rural hospitals reported that as many as 93% of emergency department visits were for nonurgent conditions.

Many different reasons have been given for the increase in nonurgent visits to emergency departments. Shesser, Kirsch, Smith, and Hirsch (1991) determined that 23.7% of patients came to the emergency department because it was convenient, 22% chose to use the emergency department because they had no physician, and 19% came because they did not want to wait for an appointment with their physician. Lower socioeconomic status patients used the emergency department because of convenience and they did not have a regular physician. Patients with a higher socioeconomic status tended to use the emergency department because they were either away from home or could not make an appointment fast enough.

Pane, Farner, and Salness (1991) found that poor people and the medically indigent found it more difficult to gain access to the health care system; therefore, they were more likely to utilize the emergency department for their basic health care needs. The GAO (1993) found that 88% of

patients came to emergency departments even when there were other sources of care available. More than 40% of patients with nonurgent medical problems cited lack of a primary care provider as their reason for coming to the emergency department. Nonurgent patients who lived in rural communities and had a primary care provider came to the emergency department for after-hour care. Those patients who lived in rural areas also had fewer alternatives in choosing health care than those who lived in urban areas. The emergency department was the only source of nonurgent care for patients in one out of four rural hospitals.

Nurse practitioners have been found to be both capable and cost effective when utilized to provide primary care in the emergency room. Powers, Jalowiec, and Reichelt (1984) found that there were no significant differences between patients seen by nurse practitioners and those seen by physicians in terms of knowledge, satisfaction, compliance, and problem resolution. They concluded that nurse practitioners could provide primary care comparable to that provided by physicians.

Nurse practitioners can help to make health care more accessible to those who need it and are more likely to place emphasis on preventive medicine and wellness care than physicians. By making health care more accessible, medical problems could be prevented or detected at an earlier date,

which could result in cost savings, especially for the low-income patients (McGrath, 1990).

Mid-level providers, which include both physician assistants and nurse practitioners, could be a stabilizing force in emergency departments (Simm & Whitcraft, 1991). The use of mid-level providers in emergency services departments could also reduce waiting time, increase productivity, and increase cost effectiveness. Nurse practitioners and physician assistants are valuable in rural hospital emergency departments which have staffing shortages. The shortage of medical doctors and the need to contain costs will increase the demand for mid-level providers, such as nurse practitioners and physician assistants. However, it was postulated that in the emergency department setting there is a necessity for these mid-level providers to work closely with the physicians who supervise them (Simm & Whitcraft, 1991).

Nurse practitioners in the emergency room have not always been accepted by other nursing personnel or by physicians with whom they must work. Hayden, Davies, and Clore (1982) examined facilitators and inhibitors of the emergency nurse practitioner (ENP) role. They reported that nurse practitioners could practice acceptably in the emergency room. Sixty-eight percent of the emergency nurse practitioners reported that they were well accepted by other nursing personnel, while 32% reported that they were fairly

well accepted. Sixty-five percent reported that they were well accepted by physicians, 28% reported that they were fairly well accepted, and 7% reported that they were not accepted. Some of the nurse practitioners who left their ENP positions reported that there was some inability of nursing and medicine to agree upon the role of the nurse practitioner.

Researchers have found that physicians have not been very accepting of the nurse practitioner, but acceptance of these health professionals may be increasing. There is also evidence that physicians' acceptance of nurse practitioners may depend on physicians' specialty area and whether or not they had worked previously with nurse practitioners (Johnson & Freeborn, 1986). Wright (1975) conducted a survey of the local members of the Academy of Family Practice Physicians to determine physicians' perspective of the nurse practitioner. The researcher found that only 37% had a favorable view of the nurse practitioner, and only 35% of physicians were willing to employ a nurse practitioner. Johnson and Freeborn (1986) examined Health Maintenance Organization (HMO) physicians' attitudes toward nurse practitioners and physician assistants. The researchers found that more than 70% of all physicians favored the use of both nurse practitioners and physician assistants. Internists and pediatricians had more favorable attitudes toward the use of the nurse practitioner than did

obstetrician-gynecologists. The researchers concluded that physicians might be more accepting of the nurse practitioner than in the past. However, physicians in the study had worked with nurse practitioners, and the researchers suggested that this previous exposure might have led to greater acceptance.

In summary, there is an apparent shortage of emergency room primary care providers in rural area hospitals in Mississippi. With the shortage of emergency room physicians, many small hospitals are left without adequate coverage (Mississippi Board of Medical Licensure, personal communication, November 2, 1992). Nurse practitioners could assist in alleviating the problems caused by this shortage by filling positions in emergency services departments (Geolot et al., 1977).

A problem that may face nurse practitioners is nonacceptance by the physicians with whom they must work. It was important to determine whether physicians would be accepting of nurse practitioners practicing in the emergency services department. Therefore, the purpose of this study was to determine whether physicians would accept the nurse practitioner as a primary care provider in the emergency services department in a rural area.

Significance to Nursing

Providing adequate health care to clients in rural areas continues to be a problem for health care

professionals. Nurse practitioners have the expertise and education to help bridge the gap in health care provided to these clients.

Research to determine physicians' levels of acceptance of nurse practitioners practicing in the emergency services department is needed to identify problem areas and determine ways to correct problems. Knowing the level of acceptance by physicians for nurse practitioners who practice in emergency rooms in rural settings could help determine whether more nurse practitioners could be placed in these settings. Additionally, it could be determined if physicians need more information about the training and preparation of the nurse practitioner. Acceptance might be more easily facilitated if such information was provided. This study could increase the knowledge base regarding nurse practitioners in the emergency services department in rural areas. Such information might encourage other nurse practitioners to consider practicing in this area.

Accurate research studies could provide documentation specific to the emergency room setting that could aid in the development of curriculum to be used in the education of nurses. As both undergraduate and graduate nursing education programs are developed, the curriculum could include the concept of the role of the nurse practitioner in the emergency services department. If nurses are educated about the expanded role of the nurse practitioner, then they

would be more understanding and supportive of the nurse practitioner. Additionally, the concept of the nurse practitioner in the emergency services department could be introduced into the curriculum of existing nurse practitioner programs. Such education would facilitate the movement of nurse practitioners into all areas of service including the emergency services department.

Theoretical Framework

Benner's (1984) interpretive descriptive account of clinical practice served as the framework for this study. Benner has applied the Dreyfus model of skill acquisition to the practice of nursing. This is a situational model in which there are five levels of skill acquisition and development. These levels are novice, advanced beginner, competent, proficient, and expert. These five skill levels are the concepts Benner uses to describe nursing practice from interviews, observations, and written descriptions of situations obtained from nurses. Benner took these descriptions and identified 31 competencies which were grouped into seven domains of nursing practice. These 31 domains were based on common intentions and meanings (Benner, 1984).

As nurses gain experiences in actual nursing situations, they progress in the levels of expertise which are represented by the different stages of the model. The novice is the rule governed nursing student with no

experience upon which to draw. The advanced beginner has some experiences and can be taught to recognize meaningful aspects of situations. The competent nurse has had enough experience to be aware of and deliberately plan which aspects are important and which are not. The proficient nurse no longer thinks of situations in terms of aspects but thinks of them in terms of wholes. The expert nurse has an intuitive grasp of situations and does not rely on rules or maxims. Benner confesses that it is difficult to adequately describe the expert nurse. This can only be done by documenting what nurses do at this level (Benner, 1984).

The concepts of Benner's model of skill acquisition were applied to this research. Benner reports on actual practice and in that actual practice, nurse practitioners are not always accepted by the physicians with whom they may work. Nurses are performing many duties for which they are not recognized. There is a recognition lag which means that highly skilled nurses are being mismanaged. Part of this lag may be because physicians do not realize what nurses really do or are capable of doing. Additionally, the role of the expert nurse clinician has not been included in most nursing models. Furthermore, there is little formal recognition for nurses who have attained advanced levels of proficiency (Benner, 1984).

In order for nurse practitioners to function to their fullest capacity the physicians with whom they work must be

accepting of their levels of expertise. Fully accepting physicians will allow nurse practitioners to perform those tasks for which they are prepared.

Assumptions

The assumptions of this study were

1. Nurse practitioners are prepared to practice in the emergency services department.

2. Physicians have opinions regarding nurse practitioners practicing in the emergency services department.

3. Physicians have various levels of acceptance of the role of nurse practitioners.

4. Nurses function at different levels of expertise depending on education and experience.

Statement of the problem

There is a crisis in rural health care. Rural hospital emergency rooms are serving an expanded role as they attempt to handle trauma cases as well as meet the primary health care needs of patients who have no family physician. There is a shortage of emergency room physicians in rural hospitals causing a crisis in health care in these areas. The nurse practitioner has been viewed as a health care provider who could be utilized in the emergency services department to alleviate some of this shortage.

Yet little is known about acceptance of nurse practitioners in the emergency services department by physicians with whom they must work. Therefore, this study addressed the question: Will physicians accept nurse practitioners in the emergency services department?

Research Questions

Two research questions were generated for this study:

1. Will physicians accept the nurse practitioner as a primary care provider in the emergency services department?

2. When selected demographic variables are considered, is there a difference between physicians who accept the nurse practitioner role and physicians who do not accept the role?

Definition of Terms

Physician. A medical doctor who has passed medical board requirements, is licensed in the selected southern state, and practices in one of the hospitals randomly selected for the study.

Accept. To support, approve of, agree with, and respect. In this study, accept was defined as recognizing and supporting the nurse practitioner practicing in the emergency services department as indicated by achieving a 60% acceptance score on the Revised Davis Survey (see Appendix A).

Nurse practitioner. A graduate registered nurse with advanced preparation either in a master's degree or certificate program who has been prepared to provide advanced nursing care and to practice independently or collaboratively in primary care settings.

Emergency services departments. For this study, those emergency services departments within the hospitals included in the study which provided emergency services and other non-urgent primary care needs.

Selected demographic variables. Selected demographic variables for this study were those addressed on the demographics section of the Revised Davis Acceptance Survey (see Appendix A). These included physicians' age, sex, years of experience, practice area, number of hours worked in the emergency room, familiarity with the nurse practitioner role, prior experience working with nurse practitioners, and favorable or unfavorable experience with nurse practitioners.

Summary

This study sought to determine if physicians accept nurse practitioners in the emergency services department. Additionally, this study attempted to discover if there was a relationship between selected demographic variables and physicians' acceptance of the nurse practitioner in the emergency services department. As the number of patients who use the emergency services department for nonurgent care

increases, the need for the nurse practitioner to be utilized in this area will emerge.

Chapter II

Review of Literature

Review of existing studies in the literature indicated that minimal research has been conducted which examines the physician's acceptance of the nurse practitioner in the emergency services department. Most studies found addressed physician acceptance of the nurse practitioner in other settings.

In a study conducted by a nursing school faculty, Wright (1975) examined physicians' perspectives of nurse practitioners. Those factors that might affect nurse practitioners in assuming an expanded role as primary care providers structured the study. The physicians' willingness to allow nurse practitioners to assume the responsibilities of an expanded role, the areas where physicians thought nurse practitioners would be a positive influence, and areas where physicians thought problems would arise were the factors investigated. A structured questionnaire was mailed to 194 members of the Academy of Family Practice Physicians. No reliability or validity was reported for the instrument. Approximately 20% (n = 49) of physicians responded to the survey. The questionnaire included statements of responsibilities that the nurse practitioner would be

qualified to perform. Physicians were asked to indicate the level at which they thought the nurse practitioner could perform each duty and to state to what extent they thought the nurse practitioner would be a positive influence in delivering health care. Physicians were also asked to determine problem areas for the nurse practitioner. A demographic section was included and descriptive statistics were used for analysis of data.

Wright (1975) found that 53% of the physicians thought the nurse practitioner might enhance the delivery of health care, but 47% thought that they would not. Only 35% of physicians stated that they were willing to employ a nurse practitioner while 65% said that they would not. Only 35% of physicians showed any interest in participating in the educational program for nurse practitioners. Most physicians were willing to allow the nurse practitioner to assume only those duties that have traditionally been expected of nurses. Physicians were reluctant to allow nurse practitioners to assume those responsibilities which have traditionally been performed by medical doctors. However, the physicians seemed to feel that nurse practitioners would be a positive influence in areas that involved traditional nursing duties. Seventy-seven percent of physicians thought nurse practitioners would have problems with patients' acceptance, while 84% thought they would have problems with physicians' acceptance.

Wright (1975) concluded that physicians might be willing to allow the nurse practitioner to assume more responsibilities in some areas. However, physicians were reluctant to allow nurse practitioners to assume responsibilities without first demonstrating competency. They also concluded that those physicians who were interested in working with a nurse practitioner seemed to see the nurse practitioner as a more positive influence in improving health care.

This present research is similar to the Wright (1975) study in that it asked physicians to respond to a list of responsibilities which nurse practitioners were qualified to perform and also asked for demographic information. The studies differed in settings and the manner in which data were analyzed. Wright's study was conducted with the general population of physicians in a southwestern state. This present study was conducted in rural area hospitals' emergency services departments in a southeastern state.

Banahan and Sharpe (1979) investigated the attitudes of Mississippi physicians toward nurse practitioners. Four hundred and seventy-five physicians participated in the study (N = 475). Since there were no significant differences between those physicians who responded to the questionnaires and the population of all physicians who were originally contacted regarding sex, age, and race, the

researchers determined that the sample was representative of the population from which they were drawn.

Physicians were asked to examine a group of 35 tasks and indicate which of the tasks they would be willing to delegate to a nurse practitioner. Physicians were asked to determine what duties they would consider appropriate or most appropriate for nurse practitioners to perform and what method and amount of payment nurse practitioners should receive.

Descriptive statistics were used for analysis of data. Results were presented in numbers and percentages. The researchers reported that 23.6% of physicians indicated that they would like to employ a nurse practitioner. Another 34.2% indicated that they would not like to employ a nurse practitioner but approved of the concept, while 29.4% indicated that they would not like to employ a nurse practitioner and did not approve of the concept. Some 12.8% of the physicians said that they did not know enough about the concept to decide.

Most physicians indicated that they would delegate those tasks to the nurse practitioner which the office nurse already performed. Scores ranged from 96.1% for those who would approve of the nurse practitioner taking vital signs in patients' homes to 2.2% for those who would approve of the nurse practitioner setting fractures. Physicians preferred to have nurse practitioners trained by a

combination of formal training followed by on-the-job training in a physicians' office. Eighty-eight percent of physicians also stated that they would prefer to have nurse practitioners work in the physicians' office and share a portion of the patient load. Paying nurse practitioners a straight salary was preferred by 74.9% of physicians. Physicians who worked in multi-specialty groups and physicians who had had a great deal of experience with nurse practitioners indicated they approved the nurse practitioner concept. Over half of the physicians reported that they had no previous knowledge of nurse practitioners. Researchers concluded that part of physicians' resistance to the nurse practitioner concept might be due to lack of knowledge or misunderstanding.

The present study is similar to Banahan and Sharpe's (1979) study in that it examined physicians' attitudes or acceptance of the nurse practitioner utilizing a questionnaire. The present study is also similar in that it utilized calculated percentages to determine the level of acceptance for each task and for demographic variables.

Johnson and Freeborn (1986) examined HMO physicians' attitudes toward nurse practitioners and physician assistants and attempted to determine some of the reasons for these attitudes. The setting for the study was a large HMO where nurse practitioners and physician assistants had worked for a number of years. The HMO, which had an

enrollment of more than 270,000 clients, provided comprehensive inpatient and outpatient services.

The primary care physicians associated with the HMO were surveyed. The researchers reported that 69% of the internists, 84% of the pediatricians, and 95% of the obstetrician-gynecologists participated in the study. Physicians' attitudes were examined by specialty, and those within each specialty were compared by age and years of experience. Results indicated that all physicians had more favorable attitudes toward nurse practitioners than toward physician assistants. However, more than 70% of all physicians surveyed had favorable attitudes toward both nurse practitioners and physician assistants. Obstetrician-gynecologists were more likely to prefer nurse practitioners over physician assistants. Internists and pediatricians seemed to be more likely to think nurse practitioners raised the quality of care. However, 54.1% of all physicians thought that the use of nurse practitioners caused the quality of care to remain the same. Those physicians who felt that both nurse practitioners and physician assistants raised the quality of care were the ones more likely to approve of the use of nurse practitioners and physician assistants. Physicians were less likely to favor the use of the nurse practitioner for those activities that are considered to be traditional professional roles of the physician. These included home visits, hospital rounds, and

emergency room visits. Physicians were much more likely to favor the use of nurse practitioners for nursing home visits, to triage patients, and for walk-in outpatient visits.

The researchers concluded that physicians in this study seemed to be more accepting of nurse practitioners than had been reported in past studies. However, the physicians in the study had worked with nurse practitioners, and the researchers suggested that this previous exposure might have led to greater acceptance. The researchers concluded that large multi-specialty group practices might be favorable settings for nurse practitioners to practice.

This researcher's study is similar to Johnson and Freeborn's (1986) study in that it attempted to examine the attitudes of physicians toward nurse practitioners, utilizing a survey. Both studies utilized calculated percentages to determine physicians' acceptance of the nurse practitioner. The current research differed in that it examined physicians' attitudes toward nurse practitioners only, rather than comparing physicians' attitudes toward nurse practitioners and physician assistants. The settings for the two studies were also different. The setting for the current study was hospital emergency services departments in rural hospitals, while the setting for the Johnson and Freeborn (1986) study was a large multispecialty practice.

Doblin, Gelberg, and Freeman (1992) examined the patient care and professional staffing patterns in clinics that provided primary care to the homeless. Successful telephone interviews were conducted with 105 medical directors of organizations providing primary health care services to homeless patients with funds from the McKinney Act. Variables of interest were the number of physicians working less than 5 hours a week, the percentage of patients cared for by nurse practitioners versus physicians, the number of physicians who were paid for their work, the number of volunteers, the way nurse practitioners and other mid-level practitioners were utilized in providing health care, and difficulty in recruiting physicians to care for the homeless.

The researchers found that of the 40% of the clinics utilizing nurse practitioners, the nurse practitioners treated 90% or more of the patients in 25% of the clinics. Nurse practitioners were not used as independent providers in almost one third of the clinics. Difficulty recruiting physicians was reported by 52% of medical directors. Reasons given for this difficulty were problems relating to the working environment, such as salaries and biases of physicians and the medical profession as a whole. Fewer than one half of patients seen by nurse practitioners as independent providers were referred to physicians. At least 90% or more of patients seen by nurse practitioners who were

not practicing as independent providers were referred to physicians. However, those clinics reporting limited physician staff were not more likely to employ a nurse practitioner or utilize one more effectively. The researchers concluded that nurse practitioners might be effectively utilized to ensure continuity of care in clinics where there is a physician shortage.

This researcher's study is similar to the Doblin et al. (1992) study only in that it examined the full utilization of the expertise of the nurse practitioner in a situation where there is possible physician shortage. The current study is different in that it examined how physicians think nurse practitioners should be utilized rather than how they are being utilized at the present time. Acceptance was determined by the tasks a physician thought nurse practitioners could perform rather than whether nurse practitioners were used as ancillary workers or fully functioning experts.

Another study that looked at acceptance of the nurse practitioner by physicians was conducted by Davis (1992). Davis attempted to determine if physicians would accept the gerontological nurse practitioner (GNP) as a manager of health care for homebound elderly clients. A descriptive exploratory design was utilized for the study. There was no formal randomization of subjects. Reliability and validity were not established for the instrument which was utilized

for the study. However, face validity was assumed within the confines of the study.

The setting of the study was Alabama, Mississippi, and Tennessee. The subjects were physicians who provided care to elders. Names were selected randomly from the Directory of Medical Specialists 1989-90. The fields of family practice, internal medicine, and gerontology were included in the study. A sample size of 45 was drawn from the population.

The data were collected utilizing a researcher-developed instrument which included 27 questions which were drawn from an extensive review of the literature. The instrument included tasks that GNPs were qualified to perform with an agreed upon protocol. Physicians were to check whether they believed each task was acceptable or unacceptable for the GNP to perform. Physicians who indicated that 75% of the tasks were acceptable for the GNP were considered to be accepting of the GNP concept.

The researcher mailed the survey, a cover letter, and a self-addressed envelope for return of the survey to each physician. Consent was implied if surveys were returned. Descriptive statistics were used to analyze data. Scores were obtained by determining the percent of items marked acceptable by each physician. Then mean scores were calculated. Results from the demographic data showed that the sample included 26 family physicians and 19 internal

medicine/gerontology physicians. There were 6 females and 39 males who participated. The physicians had practiced from 4 to 49 years and ranged in age from 35 to 67 years. There were 40 physicians who said that they were familiar with the nurse practitioner concept while 26 had worked with a nurse practitioner.

Davis (1992) found that 72.9% of family physicians and 75.9% of the gerontology/internal medicine physicians accepted the GNP concept. However, only 53% of the total participants scored 75% or greater. The researcher had set 75% as the level necessary to consider physicians' acceptance of the GNP. Therefore, it was concluded that physicians were not accepting of GNPs in home care but were aware that the nurse practitioner was able to increase quality of care and accessibility to health care.

The present study is similar to the Davis (1992) study in that it examined physicians' acceptance of the nurse practitioner concept. The present study also used a revised version of the instrument used in the Davis study (see Appendix A). The present study differed from the Davis (1992) study in that it examined physicians' acceptance of nurse practitioners in an emergency room setting rather than in a homebound setting with elderly patients. Both studies utilized descriptive statistics.

Summary

Prior research has focused on acceptance of nurse practitioners by physicians as well as the utilization of nurse practitioners in the various areas of health care. Wright (1975) found that 53% of physicians surveyed thought that the nurse practitioner might enhance the delivery of health care but 47% thought they would not. Results of the study by Banahan and Sharpe (1979) indicated that approximately half of the physicians in the study were accepting of nurse practitioners, but this acceptance might depend on the task nurse practitioners would perform. Results of the study conducted by Doblin et al. (1992) indicated that nurse practitioners might be used more effectively and efficiently, especially in situations when there is a physician shortage. Doblin et al. concluded that nurse practitioners might be used effectively to ensure continuity of care where there is a physician shortage. Davis (1992) found that only 53% of the total number of physicians who participated in the study scored 75% or greater on the survey instrument utilized. Based on a preset acceptance level of 75%, Davis (1992) concluded that physicians were not accepting of the nurse practitioner. All literature reviewed suggested further research to either examine physicians' acceptance of nurse practitioners in different practice areas or ways to more effectively utilize nurse practitioners. This review of literature would

indicate a need to examine physicians' acceptance of nurse practitioners in areas such as emergency services departments.

Chapter III

The Method

The purpose of this study was to determine whether physicians would accept the nurse practitioner as a primary care provider in the emergency services department. Chapter III will describe the empiricalization of this problem.

Design of the Study

A descriptive, exploratory research design was utilized for the study. Descriptive research describes phenomena and classifies data while exploratory research focuses on relationships (Polit & Hungler, 1991). The present study attempted to determine whether physicians would accept nurse practitioners as primary care providers in the emergency services departments of rural hospitals.

Limitations

The study had limited external validity. Since a portion of a southern rural state was chosen for the setting, the results will not be generalizable to urban settings or those that differ significantly from the setting chosen for the study. Results are also generalizable only to emergency services departments since the survey utilized asked questions specific to emergency room situations.

It is also true that survey research has some limitations. When a survey is conducted there is usually only a moderate rate of return. Also, those who are most interested in the subject matter may be the ones most likely to respond, thus biasing the results (Polit & Hungler, 1991).

Setting, Population, and Sample

The setting of the study was hospital emergency services departments located in a southern rural state. Ten hospitals were randomly selected from hospitals in small towns with a population of less than 50,000 located in a northeast section of a southern rural state. The sample was made up of those physicians who practice in the emergency services departments of the hospitals included in the study and were willing to participate.

Methods of Data Collection

Techniques/instrumentation. Permission was obtained to conduct the study from the Committee on Use of Human Subjects in Experimentation of Mississippi University for Women (see Appendix B). The data were collected using a revised version of the Davis Questionnaire (Davis, 1992). Permission was obtained to revise and use the instrument (see Appendix C). Validity and reliability had not been established for the instrument. However, face validity was assumed within the confines of the study.

The Family Practitioner Tasks section of the Davis Questionnaire was utilized to determine whether physicians would accept nurse practitioners as primary care providers in the emergency services department. Scores achieved on this section of the questionnaire were then compared to the selected demographic variables included in the Physicians' Demographic Survey section of the questionnaire to determine relationships. These variables included age, years of experience, familiarity with the nurse practitioner role, prior experience working with nurse practitioners, and favorable or unfavorable experience with nurse practitioners. The demographic variables, sex, practice, and number of hours worked in the emergency room, were not considered because of insufficient information. The tasks ranged from those tasks that have traditionally been performed by nurses to those traditionally reserved for physicians but which the nurse practitioner is qualified to perform with a mutually agreed upon protocol.

Procedures. The questionnaires were mailed to all physicians affiliated with the rural hospitals selected for the study. Included with the questionnaire were a stamped return envelope and a cover letter explaining the research study and explaining that return of the instrument implied consent (see Appendix D). A follow-up postcard reminder was sent if no response was received within 2 weeks (see Appendix E).

Methods of Data Analysis

Responding physicians were asked to examine a list of tasks and indicate whether they found each task to be acceptable or nonacceptable for the nurse practitioner to perform in an emergency room. Acceptance or nonacceptance was determined by the number of tasks scored acceptable. The level of acceptance was set at 60%. Physicians marking 60% of the tasks as acceptable for the nurse practitioner to perform were deemed as accepting of the emergency nurse practitioner concept.

Data were analyzed using descriptive statistics. The number of tasks marked acceptable on each questionnaire was divided by the total number of tasks listed on the survey to determine a score for each participant. The percentage of physicians scoring above the 60% level of acceptance was then determined. If 60% or more of physicians achieved a score of 60%, then physicians were considered to be accepting of the concept of nurse practitioners in the emergency services department. Percentages were calculated to determine levels of acceptance for each task on the questionnaire. Selected demographic variables included in the questionnaire also were examined utilizing the *t* test. Since the sample included only 5 females, the sex variable was not considered. Additionally, many physicians did not complete questions concerning current practice area and average number of hours worked in the emergency room setting

each week. Therefore, these variables were also not examined. In order to determine if differences existed between physicians who were accepting of the nurse practitioner role and physicians who were not accepting of the role with selected demographic variables, t tests were used to analyze the data. The selected demographic variables analyzed included age, years of experience, familiarity with the nurse practitioner role, experience in working with a nurse practitioner, and favorable or unfavorable experience with nurse practitioners. Additionally, content analysis was done on any comments concerning experiences with a nurse practitioner. Significance for all statistical analyses was determined at the .05 level of confidence.

Chapter IV

The Findings

The purpose of this study was to determine if physicians were accepting of nurse practitioners in the emergency services departments of rural hospitals. A descriptive, exploratory study was conducted to determine and describe the level of acceptance among physicians who practice in emergency services departments in hospitals in a rural area of Mississippi. This chapter presents a description of the participants and outcomes of data analysis.

Description of the Sample

The population included physicians (N = 144) who practiced in the emergency services departments of the hospitals and were willing to participate. The sample consisted of 68 (47%) physicians: 6 emergency room physicians, 1 obstetrician/gynecologist, 14 family practice physicians, 4 general surgeons, 1 internal medicine physician, 4 pediatricians, and 38 physicians whose practice field was unidentified. The age of the respondents ranged from 30 to 81 with a mean age of 47 years. These physicians had been in practice for a mean of 19.44 years with a range of 4 to 45 years. There were 63 males included in the

sample and 5 females. Responses to the demographic question pertaining to the average number of hours worked in the emergency room setting each week were not usable since many did not answer the question or answered in a way that was not clear. Sixty-two (91.2%) of the physicians in the sample indicated that they were familiar with the role of the nurse practitioner, while 40 (59.7%) indicated that they had worked with nurse practitioners. Thirty-two of those who had worked with nurse practitioners reported having a favorable experience with the nurse practitioner.

Results of Data Analysis

The first research question that guided the study was will physicians accept the nurse practitioner as a primary care provider in the emergency services departments? The possible range of scores on the questionnaire was from 0 (unaccepting) to 100 (accepting). The researcher set the level for acceptance at 60% for each subject. Data analysis revealed that the overall acceptance rate was 69%. Therefore, physicians surveyed were determined to be accepting of nurse practitioners practicing in the emergency room. An item analysis of tasks showing frequencies and percentages is given in Table 1.

Table 1

Task Item Analysis of the Revised Davis Survey Showing Acceptance in Frequency and Percentile

Task	Would Accept: Yes F	Yes %	No F	No %	No Response
Obtain a routine health history	67	100	0	0	1
Prescribe diabetic diets for newly diagnosed diabetics	60	90	7	10	1
Manage patients with chronic (stable) conditions	48	74	17	26	3
Perform complete physical exams	43	65	23	35	2
Regulate oral hypoglycemic medication or insulin dosages for diabetics	36	55	29	45	3
Remove sutures/staples	68	100	0	0	0
Adjust medicine for patients with benign essential hypertension	37	58	27	42	0
Diagnose and treat acute illnesses such as upper respiratory infections and bronchitis	40	61	26	39	2
Provide health education	68	100	0	0	0
Begin initial first step treatment for hypertensive patients	36	55	30	45	2
Prescribe nonscheduled medications for simple acute problems, e.g., nasal congestion, conjunctivitis, dermatitis	50	75	17	25	1
Diagnose and treat urinary tract infections based on clinical findings and lab reports	46	70	20	30	2
Adjust anticoagulant therapy based on protime reports from lab and clinical signs and symptoms	27	41	39	59	2
Order needed lab work on patients who are seen in the emergency room as clinical findings may indicate	46	71	19	29	3

Table 1 -- Continued

Task	Would Accept: Yes F	Yes %	No F	No %	No Response
Authorize refills on medications deemed necessary	49	74	17	26	2
Make referrals to other disciples such as physical therapy, occupational therapy, speech therapy, and social work	44	67	22	33	2
Order medical equipment as needed	51	77	15	23	2
Refer patients to collaborating physician's office based on clinical data	61	91	6	9	1
Order/administer immunizations as needed	60	90	7	10	1
Receive third party reimbursement	35	58	25	42	8
Make referrals to other medical specialities, e.g., neurologists, urologists, etc.	37	56	29	44	2
Order EKG and cardiac workup based on clinical findings	44	68	21	32	3
Interpret EKG and other lab results	19	29	46	71	3
Order needed x-ray, diagnostic procedures, etc. as deemed necessary by clinical findings	43	66	22	34	3
Interpret x-ray and other diagnostic findings	14	22	51	78	3
Initiate emergency treatment for trauma patients	51	77	15	23	2
Suture minor lacerations for emergency room patients	44	66	23	34	1
Splint and cast simple non-displaced fracture	26	39	40	61	2

The second research question considered in this study was when selected demographic variables are considered, is there a difference between physicians who accept the nurse practitioner role and physicians who do not accept the role? Scores achieved on the questionnaire were compared using a *t* test to the selected demographic variables included in the Physicians' Demographic Survey section of the questionnaire to determine relationships. These variables included age, years of experience, familiarity with the nurse practitioner role, prior experience working with nurse practitioners, and favorable or unfavorable experience with nurse practitioners. The demographic variables sex, practice, and number of hours worked in the emergency room were not considered because of insufficient information. Since only two physicians rated experience with nurse practitioners as unfavorable, these variables could not be calculated for a *t* value. Significant differences were found between those who had worked previously with nurse practitioners and those who had not ($t = 2.49$, $p < .05$) regarding acceptance of the nurse practitioner role.

Additional Information

A comment section was included in the questionnaire. The various comments were as follows:

> Work load eased by NPs.
>
> Most patients really want to see their own doctor.

> If a person wants to practice medicine, go to medical school and become a doctor. If you want to be a nurse, go to nursing school.
>
> Since 43% of ER visits are nonurgent, an NP could relieve some stress in busy ERs or service small ERs. Well trained, excellent providers can care for about 70% of ER visits or night visits.
>
> The successful NPs I have worked with are proud to be NPs. Those who have not done well seem ashamed of their nursing background.
>
> NP relieved me to find more time for more important problems.

At least three physicians reported employing nurse practitioners in their office while two reported serving as preceptors for nurse practitioners.

Summary

Chapter IV presented demographics and results of the data analysis. Item analysis showed the acceptance scores on the questionnaire for each group. Results showed that 69% of the participants scored 60% or greater. Therefore, physicians were accepting of the nurse practitioner in the emergency services department. Chapter V will present a summary of the findings, discussion, conclusions, implications, and recommendations.

Chapter V

The Outcomes

Emergency services departments have taken on an expanded role in recent years as they attempt to serve as trauma centers and provide primary care for nonurgent medical problems. Many rural hospitals have difficulty securing staff for emergency services departments. Nurse practitioners could help to alleviate staffing problems. However, little is known about whether physicians will accept the nurse practitioner in the emergency services department. The purpose of this study was to determine whether physicians would accept the nurse practitioner as a health care provider in the emergency services department in a rural area. Benner's interpretive descriptive account of clinical practice served as the framework for this study. This chapter includes an interpretation of the study as well as conclusions, implications, and recommendations.

Summary of Findings

One hundred and forty-four physicians who worked in hospital emergency services departments located in a southern rural state were surveyed using the Revised Davis Survey (Davis, 1992). There were 28 tasks included on the questionnaire for physicians to rate as acceptable or

unacceptable for the nurse practitioner to perform. Sixty-eight (47%) of the questionnaires were returned. After evaluation of the data it was found that 69% of those who participated scored 60% or better. The level set for acceptability was 60%. Therefore, the researcher concluded that physicians were accepting of the nurse practitioner in the emergency services departments. It was also determined by use of a t test that physicians who had worked with nurse practitioners were more accepting of the nurse practitioner role than were those physicians who had not ($t = 2.49$, $p < .05$).

Discussion

According to the findings identified, physicians overall are accepting of the nurse practitioner role in the emergency services department. The acceptance level found in this study compares to the acceptance level found by Hayden et al. (1982). Sixty-five percent of nurse practitioners included in the Hayden et al. study reported being favorably accepted while 69% of those in the present study were accepted by physicians. However, the Hayden et al. (1982) study reported only nurse practitioners' opinions as to whether or not they were well accepted. Physicians were not surveyed. The results of this study tend to validate the nurse practitioners' opinions of acceptance reported in the Hayden et al. (1982) study.

Johnson and Freeborn (1986) examined physicians' attitude toward nurse practitioners and physicians assistants in HMOs and determined that more than 70% of all physicians favored the use of both nurse practitioners and physician assistants. These findings correlated with the findings of this study. However, physicians in the Johnson and Freeborn study had worked with nurse practitioners, and the researchers concluded that this previous exposure might have led to greater acceptance. These conclusions were borne out in the present study. Those physicians who had previously worked with nurse practitioners had a mean of 75.32 while those physicians who had never worked with nurse practitioners had a mean of 59.09. Statistical analysis using the t tests revealed a significant difference (t = 2.49, p = .016) between those physicians who had worked with nurse practitioners and those who had not. Therefore, these findings indicated that physicians who had worked with nurse practitioners were significantly more accepting of the nurse practitioner role. Of the number of physicians who had worked with nurse practitioners, 28 had favorable opinions and 2 had unfavorable opinions. However, these findings indicated that those physicians who had worked with nurse practitioners had favorable opinions toward them.

The results of the current study relate to research by Wright (1975) which examined physicians' acceptance of the concept of nurse practitioners. Wright found a reluctance

on the part of physicians to employ nurse practitioners. Only 53% of the physicians thought the nurse practitioner might enhance the delivery of health care. The present study indicated that the attitudes expressed in the Wright study have changed. The physicians surveyed in the current study seem to be more accepting of the nurse practitioner than those in the past.

Davis (1992) examined acceptance of the gerontological nurse practitioner (GNP) as a manager of health care for homebound elderly clients. The researcher found that the overall mean score was 74%. However, only 53% of the total participants scored 75% or greater. The overall mean score obtained by Davis is very similar to the overall mean score in this study (69%). These findings further indicate that physicians are becoming more accepting of the nurse practitioner as they become more informed about the education and expertise of the nurse practitioner and as they work with them in professional settings.

Benner (1984) has applied the Dreyfus model of skill acquisition to the practice of nursing. This situational model contains five levels of skill acquisition and development: novice, advance beginner, competent, proficient, and expert. Benner used these five skill levels to describe nursing practice from interviews, observations, and written exemplars obtained from nurses. As nurses gain experiences in actual nursing situations, they progress in

the levels of expertise which are represented by the different stages of the model. Nurse practitioners are expert clinicians who have attained the advanced level of proficiency and should be recognized for their skill. The results of this study indicated that nurse practitioners are finally being accepted for the contributions they are capable of making to the health care field.

The overall acceptance of the nurse practitioner role in the emergency services departments was born out by the comments made on the questionnaire. One participant wrote on the questionnaire, "Well trained, excellent providers can care for about 70% of ER visits or night visits." The only negative comment made was, "Most patients really want to see their own doctor." Additionally, there were comments made that seemed to indicate some role confusion about nurse practitioners. One participant wrote, "If a person wants to practice medicine, go to medical school and become a doctor. If you want to be a nurse, go to nursing school." Overall, the comment section indicated approval of the nurse practitioner role in the emergency services department.

Since a mail-out survey was utilized with the study, this may have affected results. Surveys could have been filled out by someone other than the physician to whom the survey was sent.

A larger sample might yield different results. An identified weakness of the study was that reliability and

validity had not been established for the instrument. This study should be replicated with a larger population and sample to increase generalization of findings.

Conclusions

It was determined that physicians are accepting of nurse practitioners as primary care providers in practicing in emergency services departments. Additionally, it was determined that those physicians who had worked previously with nurse practitioners were more accepting than were those physicians who had never worked with nurse practitioners.

Implications for Nursing

There is a continuing problem of providing adequate health care to clients in rural areas. The utilization of the nurse practitioner in small rural hospital emergency services departments could increase the public's accessibility to primary health care.

This study indicates that, although physicians are more accepting of the nurse practitioner role than in the past, there are some physicians who are not accepting and may not be informed as to the capabilities of nurse practitioners. In-service education and other methods of information dissemination need to be utilized in rural areas to inform all physicians of the education and expertise levels of nurse practitioners and of the need for additional primary care personnel in the emergency services departments.

Physicians who have worked with nurse practitioners are more accepting of their ability than are physicians who have never worked with nurse practitioners. Therefore, physicians should be encouraged to work with nurse practitioners during their educational experience. Physicians should be encouraged to serve as preceptors and take a more active part in the education of nurse practitioners.

The concept of role of the nurse practitioner in the emergency services department needs to be a part of the curriculum in both graduate and undergraduate nursing education. The increasing acceptance by physicians of the role and the increasing need for the services of the nurse practitioner in the emergency services department would indicate that such curriculum changes are called for.

Findings of this study may indicate a change in attitudes of physicians' acceptance of the nurse practitioner practicing in the emergency services department. Schools of nursing need to be aware of the possible change of attitudes, so that the curriculum includes the concept of the nurse practitioner in the emergency services department as a practice setting. A more accepting climate in the emergency services department may give nurse practitioners more choices for areas of expertise in these settings.

Recommendations

Recommendations based on the findings of this study include the following:

1. Replication of the study using a larger sample and population size.

2. Replication of the study in rural areas of other states to determine if findings are generalizable to other locations.

3. Inclusion of the concept of the role of the nurse practitioner as a primary care provider in the emergency services department.

4. Inclusion of advanced practice nursing concept in the basic nurse education curriculum.

5. Publication of results of this and other studies to encourage nurse practitioners to consider emergency nursing.

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APPENDIX A

REVISED DAVIS SURVEY

Revised Davis Acceptance Survey

I. Physicians' Demographic Survey

Instructions: Please answer each question with a (✓) or short answer:

1. Age:_____

2. Male:_____ Female:_____

3. Current practice area:_____

4. Years of experience as a physician:_____

5. Average number of hours worked in the emergency room setting each week:

   ____ As an emergency room physician
   ____ On call

6. Are you familiar with the nurse practitioner role?

   ____ Yes
   ____ No

7. Have you ever worked with a nurse practitioner?

   ____ Yes
   ____ No

8. If yes, was your experience favorable?

   ____ Yes
   ____ No

9. Please comment:_____
   _____
   _____
   _____

II. Family Practitioner Tasks

In this study it is important to know what tasks a physician recognizes as within the realm of practice of a Family Nurse Practitioner practicing in the rural hospital emergency services department.

Directions: Assume an agreed upon protocol has been established between the physician and the family nurse practitioner. After each statement, check Acceptable if you believe this task is acceptable for a family nurse practitioner practicing in the rural hospital emergency services department; check unacceptable if you believe the task should not be performed by a family nurse practitioner practicing in the emergency services department.

	Task	Acceptable	Unacceptable
1.	Obtain a routine health history.	_____	_____
2.	Prescribe diabetic diet for newly diagnosed diabetics.	_____	_____
3.	Manage patients with chronic (stable) conditions.	_____	_____
4.	Perform complete physical exams.	_____	_____
5.	Regulate oral hypoglycemic medication or insulin dosages for diabetics.	_____	_____
6.	Remove sutures/staples.	_____	_____
7.	Adjust medicine for patients with benign essential hypertension.	_____	_____
8.	Diagnose and treat acute illnesses such as upper respiratory infections and bronchitis.	_____	_____
9.	Provide health education.	_____	_____
10.	Begin initial first step treatment for hypertensive patients.	_____	_____
11.	Prescribe nonscheduled medications for simple acute problems, e.g. nasal congestion, conjunctivitis, dermatitis.	_____	_____

	Task	Acceptable	Unacceptable
12.	Diagnose and treat urinary tract infections based on clinical findings and lab reports.	_____	_____
13.	Adjust anticoagulant therapy based on protime reports from lab and clinical signs and symptoms.	_____	_____
14.	Order needed lab work on patients who are seen in the emergency room as clinical findings may indicate.	_____	_____
15.	Authorize refills on medications deemed necessary.	_____	_____
16.	Make referrals to other disciplines such as physical therapy, occupational therapy, speech therapy, and social work.	_____	_____
17.	Order medical equipment as needed.	_____	_____
18.	Refer patient to collaborating physician's office based on clinical data.	_____	_____
19.	Order/administer immunizations as needed.	_____	_____
20.	Receive third party reimbursement.	_____	_____
21.	Make referrals to other medical specialties, e.g., neurologists, urologists, etc.	_____	_____
22.	Order EKG and cardiac work-up based on clinical findings.	_____	_____
23.	Interpret EKG and other lab results.	_____	_____
24.	Order needed x-ray, diagnostic procedures, etc. as deemed necessary by clinical findings.	_____	_____
25.	Interpret x-ray and other diagnostic findings.	_____	_____

	Task	Acceptable	Unacceptable
26.	Initiate emergency treatment for trauma patients.	_____	_____
27.	Suture minor lacerations for emergency room patients.	_____	_____
28.	Splint and cast simple non-displaced fracture.	_____	_____

APPENDIX B

APPROVAL OF MISSISSIPPI UNIVERSITY FOR WOMEN COMMITTEE ON USE OF HUMAN SUBJECTS IN EXPERIMENTATION

MISSISSIPPI UNIVERSITY FOR WOMEN
Columbus, MS 39701

Office of the Vice President for Academic Affairs
Eudora Welty Hall
P.O. Box W-1603
(601) 329-7142

March 17, 1993

Mr. Timothy M. South
c/o Graduate Nursing Program
Campus

Dear Mr. South:

I am pleased to inform you that the members of the Committee on Human Subjects in Experimentation have approved your proposed research.

I wish you much success in your research.

Sincerely,

Thomas C. Richardson
Vice President
for Academic Affairs

TR:wr

cc: Mr. Jim Davidson
Ms. Jeri England
Dr. Nancy Hill
Dr. Rent

APPENDIX C

PERMISSION TO ADAPT AND USE THE DAVIS SURVEY

NORTH MISSISSIPPI
MEDICAL CENTER

November 23, 1992

Mr. Tim South
215 East Fox
Eupora, MS 39744

Dear Tim:

I am writing to you in response to our conversation on 10-15-92 concerning the use of my tool, the Davis Survey, for your research study. As I stated in our conversation, you have my permission to adapt the survey for use in your study. In return for this, you have agreed to supply me with a copy of the adapted instrument and the results of your study.

I wish you luck in your research, and if I can be of any further assistance please let me know.

Sincerely,

Lori Davis, RNC, MSN

Lori Davis, RNC, MSN
Gerontological Nurse Practitioner

LD/bbn

830 South Gloster Street
Tupelo, Mississippi 38801
(601) 841-3000

APPENDIX D

COVER LETTER AND CONSENT FORM

Dear Physician:

My name is Tim South and I am currently pursuing a Master of Science degree in Nursing at Mississippi University for Women. For my thesis, I have chosen to examine the physician's acceptance of the nurse practitioner in the emergency services department. I believe nurse practitioners could help ease some of the burden on physicians who work in the emergency services department.

I have revised a survey that will be used to collect information relevant to my topic. I am asking you to help with the research by completing the survey and returning it to me. Completion of the survey should take only 10 to 15 minutes. All information on the surveys will be anonymous as no names or coding system will be used. Participation is strictly voluntary. No risk factors have been identified to participants. It will be understood that completion and return of the questionnaire implies consent for participation in this study. Please complete the enclosed survey and return it in the enclosed self-addressed, stamped envelope. Feel free to contact me at (601) 258-3927 if you have questions or would like to discuss the topic.

Since the collection of this information must be completed within time constraints, your participation and prompt attention will be greatly appreciated. Please return the survey by March 29, 1993.

Thank you,

Tim South, BSN

APPENDIX E

FOLLOW-UP POSTCARD

Dear Physician:

This is just a reminder concerning the survey that you received in the mail recently. Your participation is of great importance to the completion of my study. Your prompt attention to the return of this survey will be greatly appreciated.

Thank you,

Tim South, BSN